

Library

TH

SEP 56

17

D O D W O R T H

U R B A N D I S T R I C T C O U N C I L

A N N U A L R E P O R T

O F T H E

M E D I C A L O F F I C E R O F H E A L T H

F O R T H E Y E A R 1 9 5 5



D O D W O R T H
U R B A N D I S T R I C T C O U N C I L

A N N U A L R E P O R T
O F T H E
M E D I C A L O F F I C E R O F H E A L T H
F O R T H E Y E A R 1 9 5 5

D O D W O R T H U R B A N D I S T R I C T C O U N C I L

Divisional Health Office,
6 Victoria Road,
BARNSELEY.

June 1956.

ANNUAL REPORT
for the year ended 31st December 1955

To the Chairman and Members of the Dodworth Urban District Council

Mr. Chairman and Gentlemen,

I have the honour to present to you my Annual Report on the health and social conditions of your Urban District for the year ended 31st December 1955. The report has the same general outline as those for previous years and again includes a survey of the health services for which the County Council is the administrative authority. A brief statement of and comment upon the hospital arrangements have also been included.

The vital statistics which showed the expected variations for statistics relating to small populations were, on the whole, satisfactory. The birth rate was lower and the death rate higher than the similar rates for England and Wales. Most outstanding of the vital statistics were the 'Nil' infant mortality rate for the first time on record, and the 'Nil' stillbirth rate for the third successive year. The incidence of notifiable infectious diseases was higher, due to an epidemic of measles in the last quarter of the year, but it is worth noting that no new case of Pulmonary Tuberculosis was reported.

Your house building programme made good progress and 62 Council Houses were completed in the year. Equally encouraging were the plans prepared for slum clearance and the start made on the demolition or closing of individual unfit houses.

I would like to take the opportunity to thank the members of the Council for their continued interest in all matters relating to the health of the district, my deputy, Dr. R. Barnes, for his loyal support and your Sanitary Inspector, Mr. W. Murray, for his help and co-operation.

I am,

Your obedient servant,

R.S. HYND

Medical Officer of Health.

URBAN DISTRICT OF DODWORTH

Statistics and Social Conditions :

Area	3,850 acres
Population (Census 1931)	4,245
Population (Census 1951)	4,262
Registrar General's estimate of population mid 1955	4,200
No. of inhabited houses 31st December 1954	1,258
Rateable Value 31st December 1954	£16,770
Net product of a Penny Rate 1955/56	£60

Coal mining and agriculture are the principal occupations of the inhabitants of the district.

VITAL STATISTICS

<u>Live Births</u>	<u>Males</u>	<u>Females</u>	<u>TOTAL</u>
Legitimate	25	23	48
Illegitimate	1	1	2

The number of live births registered was 5 less than in 1954.

As for previous years the Registrar General supplied a comparability factor which relates the proportion of women of childbearing age in the district with the proportion in a standard population. The crude birth rate multiplied by this factor gives an adjusted birth rate which is strictly comparable with similar adjusted rates in other districts, and with the birth rate for the country as a whole. The adjusted birth rate for your district was 11.7 per 1,000 estimated population as compared with 12.7 per 1,000 estimated population for the previous year and with 15.0 per 1,000 estimated population for England and Wales.

Stillbirths

For the third successive year no stillbirth was recorded in your district. The stillbirth rate for England and Wales was 0.35 per 1,000 estimated population.

Deaths

The adjusted death rate, obtained by multiplying the crude death rate with the comparability factor was 13.8 per 1,000 estimated population as compared with 14.8 per 1,000 estimated population for the previous year and with 11.7 per 1,000 estimated population for England and Wales. There were 45 deaths among the inhabitants of your district last year, as compared with 48 in 1954. 13 of the deaths occurred in hospital, and 50% of all deaths were due to heart and circulatory diseases. Statistics relating to death rates and the causes and ages at death are given in tabular form at the end of the section on vital statistics.

Infant Mortality

Except for two occasions in the past ten years the annual mortality rate for Dodworth has always been well below that for the country as a whole, an achievement of which the district can be proud, and which reflects great credit on both parents and the maternity and child welfare services alike. In my annual report for 1950, a year in which there was only one infant death, I wrote 'I look forward to the time, with every hope that it will be realised, when I can write in my annual report that no infant death occurred during the year under review'. It has taken five years for that hope to be realised, but realised it was last year. Not only were there no infant deaths, but for the third successive year no stillbirths were reported, and your infant mortality and peri-natal mortality rates were, most impressively, both 'Nil'. It would be pleasant to be able to conclude this section with the very heartening figures of the infant and peri-natal mortality rates but this, I am afraid, would be misleading. I regret to state that one mother died last year in childbirth, a fact which emphasises only too clearly the inherent hazards of child-bearing, and removes any sense of complacency in the maternity and child welfare services which the other statistics might engender. There can be no 'let up' in the fight against disease and no lessening of effort even when the best results have been achieved.

A Comparison of Infant Death Rates of DODWORTH and ENGLAND AND WALES for Years 1946 - 1955

<u>Year</u>	<u>Dodworth</u>	<u>England and Wales</u>
1946	60	43
1947	29	41
1948	25	34
1949	21	32
1950	13	30
1951	13.5	29.6
1952	22.7	27.6
1953	28.6	26.8
1954	18.2	25.5
1955	0.0	24.9

Total of Births and Deaths in
Dodworth for the Years 1946 to
1955

<u>Year</u>	<u>No. of Births</u>	<u>No. of Deaths</u>
1946	100	38
1947	104	38
1948	79	31
1949	94	36
1950	75	35
1951	74	44
1952	44	46
1953	70	42
1954	55	48
1955	50	45

CAUSES OF DEATH IN 1955

<u>Cause of death</u>	<u>Males</u>	<u>Females</u>
1. Tuberculosis, respiratory	-	-
2. Tuberculosis, other	-	1
3. Syphilitic Disease	-	-
4. Diphtheria	-	-
5. Whooping Cough	-	-
6. Meningococcal Infections	-	-
7. Acute Poliomyelitis	-	-
8. Measles	-	-
9. Other infective and parasitic diseases	-	-
10. Malignant neoplasm, stomach	-	-
11. Malignant neoplasm, lung, bronchus	2	-
12. Malignant neoplasm, breast	-	-
13. Malignant neoplasm, uterus	-	-
14. Other malignant and lymphatic neoplasms	1	2
15. Leukaemia, aleukaemia	-	-
16. Diabetes	1	-
17. Vascular lesions of nervous system	-	3
18. Coronary disease, angina	3	3
19. Hypertension with heart disease	-	-
20. Other heart disease	8	8
21. Influenza	-	1
22. Pneumonia	-	-
23. Other circulatory disease	-	1
24. Bronchitis	1	-
25. Other diseases of respiratory system	1	-
26. Ulcer of stomach and duodenum	-	-
27. Gastritis, enteritis and diarrhoea	-	-
28. Nephritis and nephrosis	-	-
29. Hyperplasia of prostate	-	-
30. Pregnancy, childbirth, abortion	-	1
31. Congenital malformations	-	-
32. Other defined and ill-defined diseases	1	4
33. Motor vehicle accidents	1	-
34. All other accidents	1	-
35. Suicide	1	-
36. Homicide and operations of war	-	-
All causes	<u>21</u>	<u>24</u>

DEATHS IN AGE GROUPS

					<u>Males</u>	<u>Females</u>	<u>TOTAL</u>
Under 1 year	...	...	...	...	-	-	-
1 - 5 years	...	...	...	...	-	-	-
5 - 10 years	...	...	...	...	-	-	-
10 - 15 years	...	...	...	...	-	1	1
15 - 20 years	...	...	...	...	-	-	-
20 - 25 years	...	...	...	...	-	-	-
25 - 35 years	...	...	...	...	-	1	1
35 - 45 years	...	...	...	...	-	1	1
45 - 55 years	...	...	...	...	1	4	5
55 - 65 years	...	...	...	...	7	4	11
65 - 70 years	...	...	...	...	4	3	7
70 - 75 years	...	...	...	...	3	4	7
75 - 80 years	...	...	...	...	3	2	5
80 - 85 years	...	...	...	...	3	3	6
85 - 90 years	...	...	...	...	-	1	1
90 years and over	...	...	...	...	-	-	-
			TOTALS	...	<u>21</u>	<u>24</u>	<u>45</u>

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1955

Based on the Registrar General's Figures

	Dodworth Urban District	Aggregate W. Riding Urban Districts	West Riding Admin. County	England and Wales (provisional figures)
Birth Rate per 1,000 estimated population :				
Crude	11.9	14.8	15.3	15.
Adjusted	11.7	14.9	15.4	15.
Death Rate per 1,000 estimated population :				
Crude	10.6	12.5	11.7	11.7
Adjusted	13.8	12.7	12.3	11.7
Infective and parasitic diseases excluding Tuberculosis but including Venereal Diseases ...				
	-	0.06	0.07	Not available
Tuberculosis :				
Respiratory	-	0.11	0.11	0.13
Other	0.24	0.02	0.01	0.02
All forms	0.24	0.13	0.12	0.15
Cancer	1.19	2.03	1.90	2.06
Vascular lesions of the nervous system				
	0.71	2.09	1.90	Not available
Heart and circulatory diseases	5.48	4.71	4.39	"
Respiratory diseases ...	0.71	1.28	1.21	"
Maternal Mortality ...	20.00	0.45	0.67	0.64
Infant Mortality	-	25.2	26.2	24.9
Stillbirths	-	26.4	26.4	23.1

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA

The provision of residential accommodation for the aged and infirm and for those in need of care and attention is the responsibility of the County Council. Accommodation for those applicants to whom a flight of stairs presented no real difficulty was always readily available, but once again ground floor accommodation was limited, and at certain times of the year was insufficient to meet all demands. The lack of accommodation in hospitals and hostels for the chronic sick and the aged infirm is a problem which affects many areas of the country; indeed an effective solution to the problem seems impossible without extensive building projects or radical re-arrangement, where possible, of the existing accommodation. An increase in the domiciliary nursing services and home help schemes might help but would leave, at least, part of the accommodation problem unsolved.

In previous annual reports I have discussed the hospital and hostel facilities separately, for the management of the hospitals is no responsibility of the local health authority, and therefore no responsibility of mine. But while there may be divided administrative responsibility, from a medical viewpoint there is no clearcut division between the aged sick and the aged infirm for, in general, both groups suffer from the same degenerative changes with only the question of degree separating them. This separation is not always very evident, for in time the aged infirm worsen and merge imperceptible with the aged sick. Accommodation for this large group of the community, the aged, whether sick or infirm, must therefore be considered as one problem and not two, and how much better it would be if the responsibility for the problem was held by one authority, and not two as at present.

I have said that an extension of the local health authority's domiciliary services, while useful, cannot afford a complete solution of the accommodation problem. Home conditions or the absence of a home so often determines the need for hospital or hostel admission and conversely the same factors govern the question of discharge.

It is common experience that aged people seek hostel accommodation because they live alone and no longer feel equal to the task, live in lodgings and feel lonely, or live with relatives and feel a burden to the family. A recent survey revealed that two thirds of the aged living in hostels were single, widowed or divorced, a finding which I think underlines the experience which I have just related. Again the discharge from chronic sick hospitals or hostels for the aged is largely governed by home conditions, for there must be a home for the aged to return to before discharge can be considered. The longer the aged remain in hospital or hostel the less likely it is that they will have a home, for houses and family life tend to break up with prolonged absence. In considering the residential accommodation requirements for the aged it must be recognised therefore that a large proportion of the aged will remain in hospital or hostel indefinitely, for the hospital or hostel will to them become their home. To make the maximum use of both types of accommodation there must be the fullest liaison between the hospitals and hostels to allow for easy interchange of patients as the circumstances dictate. When free interchange between chronic sick hospitals and hostels proves impossible, with neither authority able to help the other, then accommodation problems worsen. Free interchange will always be difficult with divided control, and in my view, if this divided control is to remain it is essential that both authorities discuss together the whole question of accommodation for the aged, see each other's difficulties and try to formulate a common plan.

At the other end of the scale the question of the availability of sufficient beds in mental deficiency institutions and sufficient places in occupation centres are equally related. The question of how many institutional beds for mental defectives are required is not governed entirely by strictly medical factors, but is equally dependent on the home conditions of the defective and the adequacy of the occupation centre provisions. It is most depressing to have to report that no progress whatsoever was made last year in the conversion to an occupation centre of that part of The Gables, Wombwell, which was previously used as the Divisional Health Office. The need for the conversion has long been proved and accepted by the County Council, the children are waiting and ready to go but apparently the starter, with his gun, is still missing. I'm sure the local community would be grateful for any knowledge of his whereabouts.

Comment on the hospital provision for the acute sick, maternity patients and those suffering from infectious diseases can be brief, for the services provided were, as always, both adequate and good.

It is also a pleasure to be able to report that in no instance was it necessary to take action under Section 47 of the National Assistance Act 1946.

General Hospitals

The general hospitals serving your district and administered through the Sheffield Regional Hospital Board are given below :

1. The United Group Hospitals, Sheffield.
2. The Beckett Hospital, Barnsley.
3. The St. Helen Hospital, Barnsley.
4. The Moorgate General Hospital, Rotherham.

Infectious Diseases Hospitals

All infectious diseases requiring hospital admission were admitted to the Kendray Hospital, Barnsley. The ambulance arrangements were the same as for the previous year with the hospital retaining its own ambulances for this service.

Maternity Hospitals

Maternity cases were usually admitted to the following hospitals :-

- St. Helen Hospital, Barnsley.
- Montagu Hospital, Mexborough.
- Hallamshire Maternity Home, Chapeltown.
- Pindar Oaks Maternity Home, Barnsley.

The services of the Jessop Hospital, Sheffield, were also available for abnormal obstetric cases.

Tuberculosis Scheme

The co-operation between the Chest Centre and the Health Department continued, and consequently the essential link between the curative and preventive aspects of Tuberculosis was maintained. The two whole-time Tuberculosis Visitors, while employed by the local health authority, had for practical reasons, their day-to-day duties arranged by the Chest Physician. This very effective arrangement enhanced the value of their work for they came to know the tuberculous patient and his contacts equally and were able to give advice to both alike.

The after-care arrangements included extra nourishment, when recommended by the Chest Physician, in the form of a free milk allowance and bed, bedding and other nursing equipment was issued on loan to patients where necessary. The Home Help service was also available when required.

The programme of the clinics held at the Chest Centre, 46 Church Street, Barnsley, is given below :

- | | |
|-----------|-------------------------------|
| Tuesday | 10 a.m. to 12 noon (children) |
| Wednesday | 10 a.m. to 12 noon |
| Wednesday | 12 p.m. to 4 p.m. |
| Thursday | 10 a.m. to 12 noon |
| Friday | 10 a.m. to 12 noon |

Venereal Diseases

The nearest centre for Dodworth patients for the diagnosis and treatment of these diseases is in Barnsley.

Address : Special Treatment Centre, Queen's Road, Barnsley.

Other centres are situate at Sheffield, Doncaster and Rotherham and a patient suffering from Venereal Disease is at liberty to attend the centre of his choice. Treatment is completely confidential.

Ambulance Service

The expected formula of increased calls on the ambulance service was again realised last year. Admissions to and discharges from hospitals remained relatively steady as were the transfers between hospitals, but the out-patient traffic once more showed an increase. It is worthy of note, however, that the increase of approximately 17,000 further out-patients carried was the smallest annual increase so far recorded since the inception of the County Ambulance Service. The responsibility for deciding whether a patient needs ambulance transport to a hospital out-patient department rests with the hospital for all journeys other than the original. To ensure the correct usage of ambulances, hospital ambulance officers have been appointed and their co-operation with the ambulance service has done much to keep the out-patient demands within reasonable bounds. The ambulance service which, while free to all, is nevertheless costly of operation. The mis-use of ambulances must be avoided, for mis-use not only increases cost but also decreases efficiency.

The increase in the volume of road traffic resulted in a regrettable further increase of 1,720 accidents carried to hospital as compared with 1954.

Two diesel engined ambulances were tried last year and proved both comfortable to the patients and economical in running costs and maintenance. It is expected that 30 more vehicles of this type will be added to the ambulance strength during the current year. A new radio station to be sited in Hoyland has also been planned for completion in 1956, which will give improved radio-telephonic communication in South Yorkshire.

Home Nursing

The Home Nurses in the division made 57,400 visits last year and almost every type of illness came under their care. The majority of the visits, over 26,000 were to medical cases, 9,000 were to surgical cases and largely represented visits to patients recently returned from hospital after an operation, 700 were to tuberculous patients and the remainder included visits to infectious diseases and puerperal complications. An interesting statistic was the 21,300 injections given by the nurses for widely different diseases and using a wide range of drugs. This astonishing figure, I think, illustrates more clearly than any other statistic the change in the character of home nursing since the war, for I venture to suggest that pre-war little use was made of home nurses for injection therapy. Indeed the term injection as applied to nursing duties was more commonly associated with the giving of enemata.

Another statistical feature worthy of note was the wide age range of the patients visited. At one end of the scale you find the aged sick and infirm receiving almost 60% of the total visits, whilst at the other end you find over 1,000 visits were made to children under 5 years of age. It has long been recognised that old people should be treated at home whenever possible and whenever home circumstances allow. It is now becoming equally well recognised that the same preference for domiciliary treatment, as opposed to hospital treatment, should apply to the young child, though perhaps for a somewhat different reason. The extension of home nursing to young children is to be welcomed, and is an aspect of home nursing which will assume an ever increasing importance in the years ahead.

Home treatment by the family doctor, aided when necessary by the home nurse, has long been a traditional feature of medical practice in this country, and its importance and value to the community is no less today, even though the great advance made in medical science and knowledge has increased the complexity of modern therapy. There has, however, been a tendency in recent years for hospital treatment to be sought more frequently by more people.

While there may be many reasons for this, the tendency is to be deprecated if it is to lead to the community as a whole developing a hospital fixation complex. Hospitals are our second line of defence against disease, and should not be regarded as the sole repository of medical knowledge. To treat every illness in hospital, irrespective of its nature and causation, would be for the nation a very expensive step backwards. One of the fundamental principles in medicine is to treat the patient rather than his disease, and the application of this principle is easier in the natural environment of the home than in the more laboratory-like atmosphere of the hospital. An efficient domiciliary nursing service can help to create the right conditions for home treatment, and should be given every opportunity with encouragement to expand if necessary.

Home Helps

In most parts of the country the home help service has become largely a welfare service for the aged and infirm, a situation which has arisen not because of a deliberate policy of the local health authorities, but because of the overwhelming needs of the aged as compared with the other sections of the community. The administration of the service, and indeed its future planning is of necessity governed by the needs and demands of the aged, even if it means to some extent sacrificing the interests of the rest of the community. Whether this is a good or bad thing may be a matter of opinion, but it is a practical necessity which probably meets with the full approval of the majority of the people.

Last year almost 90% of the available home help hours were given to the households of the aged and infirm, and the demands on the service showed the expected increase. On average, 300 households per week were assisted as against 240 in 1954, and because the authorised establishment of home helps remained unchanged, the average weekly assistance given to aged applicants was reduced from 6-7 hours to 4-5 hours. Indeed, even this figure would not have been possible if additional help had not been obtained from the central reserve pool.

Most people agree that the present residential accommodation for the aged sick and infirm, whether in hospital or hostel, is inadequate and various schemes which will lessen the demand for residential accommodation have been suggested. It has been suggested that some relief in this direction could be obtained if the home help scheme were expanded. I have commented elsewhere on this suggestion, but I must repeat my view that once an aged person requests residential accommodation there is usually no satisfactory alternative which will completely meet his needs and circumstances. If the home help service is to be increased, with a view to relieving the strain on the residential accommodation, then the increase to be of practical value must be large. It is for those who hold the financial responsibility to decide on what size the increase should be, and I offer no suggestion.

Whatever one's views on what is the optimum domestic help that should be given to the aged, there is one medical fact which must be borne in mind. It is bad policy to create conditions which must eventually lead to the aged becoming too dependent on the assistance of others. Old people should be encouraged to retain their spirit of independency and to challenge their physical infirmities by doing as much as they can for themselves. A continued acceptance of life's challenge is of greater importance to the well-being of the aged than the unlimited provision of bath chairs.

Laboratory Service

The laboratory service was provided by the Public Health Laboratory in Wakefield, a national service under the control of the Medical Research Council. The laboratory is equipped to deal with all bacteriological and pathological examinations and a complete investigation is undertaken and report furnished for every specimen sent for examination. Samples of milk taken under the Food & Drugs Act for chemical analysis were examined by the Public Analyst at Bradford at the expense of the County Council.

Maternity and Child Welfare Service

Child Welfare Clinics were held weekly at the Mechanics Institute on Tuesdays from 2 p.m. until 4 p.m. During the year 48 sessions were held at which there was an attendance of 2,243 children, an average of 46.7 per session. 79 children were seen for the first time, 72 of whom were under one year of age. 632 children were examined by the doctor during the year, an average of 13.1 per session.

Though there was a slight overall reduction in the number of attendances the clinic continued to be a happy meeting place for mothers and babies at which all the variations in the mode of infant progression were discussed with the doctor and nurse, and almost as important, among themselves. The clinic in Dodworth has become a time-honoured institution for which there is no need of any form of compulsion on mothers to attend. The habit of clinic attendance is undoubtedly a good habit and one which has played a noteable part in the reduction in the infant mortality and morbidity in the past ten years. Let us hope that the habit will long prevail in Dodworth.

Mental Health Service

The statistics relating to mental defectives in the division are given below :-

	<u>Under 16</u>		<u>Over 16</u>	
	M	F	M	F
Statutory Supervision	23	22	43	51
Guardianship	-	-	-	2
Voluntary Supervision	-	-	22	24

The Mental Health Social Workers are statutory bound to visit Statutory Supervision and Guardianship cases at six monthly intervals. However, in quite a number of cases it is necessary to visit more frequently for parents appreciate their help in trying to avert family crises which sometime arise from the defective's behaviour pattern. The Social Workers are always willing to give whatever assistance they can to help smooth out problems which, from time to time, arise in a defective's life.

Perhaps the greatest problem is keeping the defectives adequately occupied, for it is the unoccupied defective who is most likely to become beyond parental control. Occupation centres, where the defectives attend daily and acquire a necessary discipline and a sense of social responsibility, are the obvious solution to the problem. Such centres, in addition to helping the defectives, are of equal help to the mothers, for it is they who normally bear the brunt of finding suitable occupation and amusement in the home and who, with the establishment of occupation centres, can happily carry on a normal household routine knowing that their children are in capable hands.

At present 15 defectives are attending the Barnsley Occupation Centres and 4 are attending the Hemsworth Centre, but there are still 16 defectives under the age of 16 years and 20 defectives over that age awaiting admission to Occupation Centres. The extent of the waiting list for admission to an Occupation Centre emphasises the urgent need for the opening of The Gables, Wombwell, as an occupation centre, and as I have stated elsewhere in the report I regret I can report no progress on this project.

It is intended that the mental defectives awaiting Occupation Centre vacancies from Wombwell, Darfield and Worsbrough, together with those already attending other Centres from these districts will be admitted to the Wombwell Occupation Centre. The vacancies created at the Barnsley Occupation Centre by the withdrawals of the Wombwell, Worsbrough and Darfield defectives will be filled by the defectives from Royston, Cudworth and Darton who are awaiting admission to Occupation Centres.

In an endeavour to give training to the defectives who are awaiting admission to centres a home training programme, under a qualified home teacher, has been devised. The programme includes group training classes and visits to defectives' homes where advice and training is given. I set out below particulars of group training classes in the division.

<u>Day</u>	<u>Time</u>	<u>Place</u>	<u>No. attending</u>
Tuesday	9.30 - 4 p.m.	The Gables, Wombwell	14
Wednesday	9.30 - 4 p.m.	"	14
Thursday	9.30 - 2.30 p.m.	Ambulance Hall, Worsborough Bridge	8
Friday	10a.m. - 4 p.m.	Old Infants' School, Darton	8

It will be noted that no group training classes were provided last year for the Royston and Cudworth children, but this was remedied in May this year when a class was established in Royston and at which 16 children, from Cudworth as well as Royston, already attend. In some instances defectives attend more than one group training class and are showing the benefit of regular training. Training is given in good habits, social behaviour, sense training, handicrafts (knitting, rug making, needlework, embroidery etc.) singing, dancing, speech therapy and household duties. Where defectives will respond training is given in elementary reading, writing, arithmetic, money values etc.

The shortage of accommodation in mental deficiency institutions and mental hospitals has been mentioned elsewhere in the report, but three vacancies for mental defectives were found last year which were gladly accepted. It is necessary for the mental health social workers to keep under constant review the possible institutional requirements for mental defectives based on an appraisal of the social conditions. There are 16 cases in the division where accommodation will be required in the event of a breakdown in the family pattern, and two cases whose urgent claims are being pressed with the Regional Hospital Board.

The Regional Hospital Board, in an attempt to relieve the situation, has from time to time made short-stay vacancies available of up to one month's duration. These short-stay vacancies, even when they do not meet the full requirements of the situation, are nevertheless of considerable help for they give parents a little time for rest and relaxation which, so often, the continual care of a defective child never allows.

A steady rate of employment of high grade defectives has been maintained and 37 males and 22 females are in regular employment. It has been established that some high grade defectives, although taking much longer to absorb a routine job, will eventually give, under supervision, useful service. It is gratifying to find that there are still some employers who knowing the limitations of mental defectives will nevertheless employ them and give them every encouragement in their work.

There has been a steady increase in the work under Section 28 of the National Health Service Act 1946, and many home visits have been made by the Mental Health Social Workers.

Patients discharged from mental hospitals are visited within one month of their return home to determine whether the improvement in their mental health has been maintained. In the event of a relapse, the patient is referred to the Out Patients' Psychiatric Clinic at Beckett Hospital. The Mental Health Social Workers attend these clinics, which are held each Tuesday and Wednesday afternoons, and act as the co-ordinating officers between the clinic and the various local health authority departments and do whatever field work is required by the consultant psychiatrist.

Mental Health after-care is a field of work still largely unexplored but the social workers in the division have at least made a beginning, and worthwhile results will eventually accrue.

School Health Service

Before giving a brief statistical summary of the work of the School Health Service, I would refer to two aspects of the work to which I made mention in my last annual report, and which can now be reported in greater detail. As both are directly concerned with the prevention of Tuberculosis, though each approach the subject from somewhat different angles, the two aspects might better be considered together.

Tuberculin Testing of Primary School Entrants - B.C.G. Vaccination

Both the tuberculin testing of primary school entrants and B.C.G. vaccination of the thirteen-years old group are now an integral part of the school health service, but neither procedure is done without the written consent of the parents. I am glad to be able to state that the percentage acceptance rates in both instances were high. The information yielded by the tuberculin testing of the younger age group has been compared with similar results obtained from the older age group. As the survey appeared to warrant it, an enquiry was also made into the attack rates of tuberculosis in the various districts and the percentage of the population on the Tuberculosis register. A further enquiry was made into the incidence of tuberculous milk in the area.

The findings from the various districts in the survey have been collated by my deputy, Dr. R. Barnes, and are as follows :

Tuberculin Testing of School Entrants

The routine Survey of school entrants with a tuberculin jelly test, which was commenced in 1954 in the Wombwell, Worsbrough, Darfield and Dodworth Urban Districts, was this year extended to the whole of my Division. I give below details of testing:

<u>District</u>	<u>No. of children offered Tuberculin</u>	<u>No. of parents accepting</u>	<u>No. of positive results</u>	<u>% Accep- tance</u>	<u>% Posi- tive</u>	<u>No. referred to Chest Physician</u>
<u>WOMBWELL</u>						
Total No. of children in the Survey	513	396	11	77.2	2.75	11
Totals without known contacts	513	396	11	77.2	2.75	11
<u>WORSBROUGH</u>						
Total No. of children in the Survey	330	280	9	84.8	3.2	4
Totals without known contacts	325	275	4	84.6	1.4	4
<u>DARFIELD</u>						
Total No. of children in the Survey	140	126	7	90.0	5.5	4
Totals without known contacts	137	123	4	89.8	3.2	4

<u>District</u>	<u>No. of children offered Tuberculin</u>	<u>No. of parents accepting</u>	<u>No. of positive results</u>	<u>% Accep- tance</u>	<u>% Posi- tive</u>	<u>No. referred to Chest Physician</u>
<u>DODWORTH</u>						
Total No. of children in the Survey	93	76	8	81.7	10.5	7
Totals without known contacts	92	75	7	81.5	9.3	7
<u>CUDWORTH</u>						
Total No. of children in the Survey	157	147	6	93.6	4.0	3
Totals without known contacts	154	144	3	93.5	2.1	3
<u>DARTON</u>						
Total No. of children in the Survey	300	225	7	75	3.1	6
Totals without known contacts	299	224	6	74.9	2.6	6
<u>ROYSTON</u>						
Total No. of children in the Survey	160	141	6	88.1	4.2	6
Totals without known contacts	160	141	6	88.1	4.2	6
<u>TOTALS FOR THE DIVISION</u>						
	1,691	1,391	54	82.3	3.8	41
<u>TOTALS WITHOUT KNOWN CONTACTS</u>						
	1,678	1,378	41	82.1	2.9	41

It will be appreciated that these surveys are conducted in association with the school medical inspection programme, which is arranged according to the school year. It is, therefore, inevitable that some schools will be included twice in the calendar year. This does not mean that the same children are included in the survey twice, as only the new entrants are examined.

During the course of this survey many children were found to be positive reactors who were already known contacts of cases of tuberculosis, and who were already attending the Chest Physician for observation. These children represent the difference between the number of positive results (column 3) and the number referred to Chest Physician (column 6). A further line has been added, under the totals for each Urban District, excluding these children from the Survey and representing the number of new positive reactors discovered. This still leaves the Dodworth Urban District with a percentage much higher than all other districts.

It was thought that this might be due to a higher prevalence of the disease there and an investigation was made into the attack rate in the seven Urban Districts over the last five years. The results are shown in Table II, together with the proportion of each population who were on the Tuberculosis register at 31st December 1954.

TABLE II

District	% of Positive Tests	% of (+)ive tests excluding contacts	Attack Rate /100,000 over 5 yrs.			% of Population on Register at Dec., 1954
			Total	Pulmonary	Non-Pulmonary	
DODWORTH	10.5	9.3	98.6	93.9	4.7	0.64
Darfield	5.5	3.2	143.2	127.3	15.9	0.95
ROYSTON	4.2	4.2	140.3	103.4	36.9	0.52
CUDWORTH	4.0	2.1	105.0	95.9	9.1	0.58
WORSBROUGH	3.2	1.4	99.8	84.3	15.5	0.52
DARTON	3.1	2.6	91.0	77.0	14.0	0.51
WOMBWELL	2.75	2.75	144.9	115.0	29.9	0.81
Divisional Totals	3.8	2.9	119.6	100.9	18.7	0.64

This research does not produce much correlation with the survey, especially in respect of the Dodworth Urban District. It will be noticed that there is poor correlation too in respect of the Wombwell Urban District but this might be accounted for by a poor acceptance rate in two schools, one of which might be expected to be in an area of high incidence. This, however, is a matter of speculation and cannot easily be proved. When the results obtained from this survey are reviewed, in association with the tuberculin testing of thirteen-year old children for the B.C.G. vaccination scheme, it can be seen that quite a marked degree of correlation is obtained, suggesting that the incidence of a high percentage in Dodworth is significant as seen in Table III.

TABLE III

District	B.C.G. Scheme		Tuberculin Entrants Scheme	
	% Acceptance	% Positive	% Acceptance	% Positive
Dodworth	98.0	40	81.7	10.5
Darfield	99.0	35	90	5.5
Royston	79	23.5	88.1	4.2
Cudworth	89	30	93.6	4.0
Worsbrough	88	20	84.8	3.2
Darton	87	30.5	75.0	3.1
Wombwell	81	26.5	77.2	2.75
Divisional	85	29.4	82.3	3.8

The next matter to be considered was whether the milk supply was a factor in this discrepancy. An order was made by the Minister in April 1953 under Section 23 of the Milk and Dairies Artificial Cream Act 1950, making these Urban Districts specified areas under the Act. The children in this Survey were mostly born in 1950. It may be assumed that very little raw milk is consumed in the first year of life, but this still means that these children could have been exposed to tuberculous raw milk during two years of their life. A check was made of samples of milk found to be tuberculous over the last five years, but again Dodworth Urban District was not outstanding. It will be interesting to see if the percentage of positive reactors diminishes over the next two years, because this will give some guide as to whether milk has been a major factor. Failing this, it must be assumed that this small community contains some undiagnosed foci of infection.

The whole Survey was carried out with the generous co-operation of the Chest Physician. At the end of the year, only two families had failed to co-operate in submitting themselves for clinical and radiological examination at the chest clinic. These families have since agreed to attend. Despite this co-operation and the high acceptance rate for the test, it is surprising that no adult cases were discovered, especially in view of the American results in this type of Survey. Several adults were advised by the Chest Physician to attend the Pneumoconiosis Board, but otherwise the results in terms of contact-tracing were poor. Nevertheless, I feel this is a worth-while procedure, and that it should be continued because the factor of infection by milk will soon be removed, and in two years time this type of Survey should give some direct correlation with active foci of infection. It must be noted, however, that in some districts (e.g. Worsbrough) the known contacts of active tuberculosis accounted for a large proportion of the positive reactors. Throughout the Survey contact with general practitioners has been maintained, and they have been kept informed of radiological and other findings through this office.

Routine School Medical Inspections were carried out by Dr. R. Barnes at the undermentioned schools :

Dodworth Keresforth Road Secondary and Infants School
 Dodworth Church of England Junior Girls and Infants School
 Dodworth Green Road Junior Mixed School.

SUMMARY OF DEFECTS FOUND

Schools Visited	No. of children examined	DEFECTS FOUND						No. passed for treat- ment
		Ocular	E.N.T.	Heart	Lungs	Orth.	Others	
Dodworth Keresforth Road Secondary and Infants School	91	1	7	-	3	-	6	7
Dodworth C. of E. Junior Girls and Infants	79	11	7	-	10	2	4	23
Dodworth Green Road Junior Mixed	16	1	-	-	1	3	2	5
	186	13	14	-	14	5	12	35

SCHOOL CLINICSNo. of children who attended
and were seen by the DoctorMechanics' Institute, High Street,
Dodworth.

79

MINOR AILMENTS CLINICNo. of individual children treated by
Health Visitors

114

Total attendances

146

SPECIALIST CLINICSOphthalmic Clinics (72 sessions held in 1955)

Mr. N.L. McNeill M.B., D.O.M.S., Ophthalmologist.

No. of children examined

71

Orthopaedic Clinics (10 sessions held in 1955)

Mr. T.L. Lawson F.R.C.S., Orthopaedic Surgeon.

No. of children examined

4

Ear, Nose and Throat Clinics (12 sessions in 1955)

Mr. W.L. Rowe F.R.C.S., E.N.T. Surgeon.

No. of children examined

2

Paediatric Clinics (1 clinic per month)

Dr. C.C. Harvey M.D., M.R.C.P., Paediatrician.

No. of children examined

6

Speech Therapy ClinicsMrs. P.J. Battye, L.C.S.T., Speech Therapist.
(Resigned August 1955)

No. of individual children seen

3

Total attendances

55

Child Guidance ClinicDr. S.M. Leese, Psychiatrist.
(From October 1955)

No. of children examined

0

Total attendances

0

SANITARY CIRCUMSTANCES OF THE AREA

The number of inhabited houses at the end of the year was 1,258. 63 new houses were completed during the year, of which 62 were built by your Council. A detailed analysis of the housing situation is given in the report of the Sanitary Inspector.

GENERAL EPIDEMIOLOGY

The incidence of notifiable infectious diseases was much higher than for the previous year with 143 cases notified as against 14. The main epidemiological features were the epidemic of measles in the last quarter of the year and the epidemic of Poliomyelitis in the summer which affected your district in common with many others in the Barnsley area.

Notifiable Diseases (other than Tuberculosis) during 1955

	<u>Total Cases</u> <u>Notified</u>	<u>Admitted</u> <u>to Hospital</u>
Measles	116	2
Food Poisoning	1	-
Whooping Cough	20	-
Acute Poliomyelitis		
Paralytic	3	3
Non-Paralytic	-	-
Scarlet Fever	<u>2</u>	<u>-</u>
	<u>143</u>	<u>5</u>

Scarlet Fever

2 cases only were notified as compared with 5 in the previous year. The disease in both instances was mild in character and neither child required hospital treatment.

Measles

There was a large outbreak of Measles in the last quarter of the year which affected all parts of the district. On the whole the illness was mild in character, and only two patients needed hospital treatment.

Whooping Cough

20 cases of Whooping Cough were notified, all occurring in the first quarter of the year. As far as is known none of the patients had previously been immunised against the disease. The number of infants immunised last year was smaller than in 1954, 17 or approximately 34% of the total under one year of age as compared with 32 and 50% respectively. All immunisation and vaccination procedures were interrupted last year during the epidemic of Poliomyelitis, and this break undoubtedly accounted for the decline in the numbers immunised against Whooping Cough.

Smallpox and Diphtheria Prophylaxis

The number of infants vaccinated last year was 8 or 16% of the infant population. While admitting that infant vaccination is not a popular measure among parents, and one which can only be 'sold' to them with the greatest difficulty and the maximum effort there was a general decline in all the immunisation statistics for which there was a good explanation. No one in this area is likely to forget the epidemic of Polio last summer, during which all immunisations were stopped for a period of four months.

Every effort was made to 'catch up' on the back log when immunisations were started again in October, but by then some parents had lost, one hopes temporarily, their enthusiasm for immunisation procedures. The somewhat unpopular smallpox vaccination was naturally affected more than the other immunisation measures and perhaps the figure of 16% infant vaccinations was not unsatisfactory in the circumstances.

The diphtheria immunisation statistics were relatively unchanged, and the marked disparity between the two age groups persisted. By the end of the year 74.7% of all children between the ages of 0-14 years were immunised with 43.5% of children under the age of 5 years and 85.5% over that age protected. The disparity between the two age groups is a common finding throughout the country, and seems like becoming a permanent feature. The principle of early immunisation against diphtheria is, nevertheless, sound and our aim must always be for a high level of immunity in both age groups.

Poliomyelitis

3 children contracted Polio during the epidemic last year, all of whom developed some degree of paralysis in the acute stage of the disease. Two children recovered completely, but I regret that one child still had some residual paralysis at the end of the year for which she continues to receive treatment.

A full report on the epidemic has been submitted to the Council previously, but perhaps I may repeat the last paragraph of the report. I wrote 'The epidemic, I think, clearly proved the limited value of general preventive measures when applied to the population. Immediate segregation of cases or suspected cases in hospital proved easy, but the complete surveillance of contacts, if normal industrial commitments were not to be unduly upset, was always difficult. Perhaps the greatest obstacle to prevention was the probable large number of unknown healthy carriers circulating freely amongst the population. The true prevention of epidemic poliomyelitis must rest in the production of a satisfactory prophylactic and the maintenance of a high level of immunity in all ages of the population'

We must all wish the greatest success to the polio vaccination programme embarked upon this year.

Tuberculosis

There were no new cases of Pulmonary Tuberculosis last year. One new case of Non-Pulmonary Tuberculosis was notified in a senior schoolchild who contracted and died from Tuberculous Meningitis.

Earlier in the report I referred to the happy co-operation between the Health Department and the Chest Centre. The beneficial effects resulting from this close association is well illustrated in two facets of tuberculosis prevention in which both departments were engaged last year. The first was concerned with the tuberculin testing of all primary school entrants which has as its primary object the tracing of possible sources of infection in the community. Obviously in a young child the main source of infection, discounting milk which, if not coming from tuberculin tested herds, has been compulsorily pasteurised in the district since September 1953, must lie in the family, for young children do not usually have lengthy associations with any but members of his family. The value of tuberculin testing primary school entrants was dependent, therefore, not only on the full investigation of the tuberculin positive child, but equally on the full investigation of all the members of the family. That this proved possible was due to the co-operation of the Chest Physician, and the sound common-sense shown by the families concerned.

The second example related to the B.C.G. Vaccination of the senior schoolchildren which has as its purpose the protection of susceptible young people through the first years of their working life and the difficult years of adolescence. It is obviously desirable that these young people should be under medical surveillance during this period, and the Chest Physician has gladly arranged to undertake this work, and to make periodic examinations and X-Ray tests. The success of the scheme will depend on the co-operation of those vaccinated, but I am certain the scheme will not fail through lack of effort by the staff of the Chest Centre.

The fight against tuberculosis has been waged for very many years, but with the newer and more powerful weapons of treatment and prevention now in our hands victory is assured and maybe is not so far off.

TUBERCULOSIS - New Cases and Mortality in 1955

<u>Age Periods</u>	<u>NEW CASES</u>				<u>DEATHS</u>			
	<u>Pulmonary</u>		<u>Non-Pulmonary</u>		<u>Pulmonary</u>		<u>Non-Pulmonary</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 - 1 year	-	-	-	-	-	-	-	-
1 - 5 years	-	-	-	-	-	-	-	-
5 - 10 years	-	-	-	-	-	-	-	-
10 - 15 years	-	-	-	1	-	-	-	-
15 - 20 years	-	-	-	-	-	-	-	-
20 - 25 years	-	-	-	-	-	-	-	-
35 - 45 years	-	-	-	-	-	-	-	-
45 - 55 years	-	-	-	-	-	-	-	1
55 - 65 years	-	-	-	-	-	-	-	-
65 years and over	-	-	-	-	-	-	-	-
Totals	-	-	-	1	-	-	-	1

TUBERCULOSIS - New Cases and Mortality for the past ten years

<u>Year</u>	<u>NEW CASES</u>		<u>DEATHS</u>	
	<u>Pulmonary</u>	<u>Non-Pulmonary</u>	<u>Pulmonary</u>	<u>Non-Pulmonary</u>
1946	1	2	1	-
1947	1	2	1	-
1948	-	-	-	-
1949	9	2	-	-
1950	3	-	-	-
1951	5	-	-	1
1952	6	1	-	-
1953	2	-	-	-
1954	4	-	-	1
1955	-	1	-	1

TUBERCULOSIS -- Record of Cases during 1955

	<u>Pulmonary</u>		<u>Non-Pulmonary</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
No. of cases on register at 1st January 1955	12	12	1	2
No. of cases notified for first time during year	-	-	-	1
No. of cases restored to register	-	-	-	-
No. of cases added to register otherwise than by notification	-	-	-	-
No. removed to other districts	-	1	-	-
No. cured or otherwise removed from register	-	1	-	-
No. died from disease	-	-	-	1
No. died from other causes	<u>2</u>	<u>-</u>	<u>-</u>	<u>1</u>
Total at end of 1955	<u>10</u>	<u>10</u>	<u>1</u>	<u>1</u>

D O D W O R T H U R B A N D I S T R I C T C O U N C I L

Annual Report of the Sanitary Inspector for the year ended 31st December, 1955

To the Chairman and Members of the Dodworth Urban District Council.

Mr. Chairman, Gentlemen,

I have the honour to present my fourth annual report on the sanitary circumstances of your district for the year ended 31st December 1955.

In presenting this report I wish to thank the Members of the Council, the Medical Officer of Health, the Clerk of the Council and other Officers for their support during the year.

HOUSING

Progress was maintained on the South Road No.2. Housing Scheme, and accommodation was provided for persons on the Council's Housing List and from individual unfit houses which were dealt with under Section 11 of the Housing Act. The older type of house in the district is still providing a problem, in view of the fact that it is not an economic proposition to carry out all the repairs necessary to make the house in all respects fit for human habitation. Due to the housing shortage the best use has to be made of every available house, and in these circumstances owners have been requested to carry out those works required to make the houses wind and weatherproof.

Another problem which has arisen during the year is the case where old houses scheduled for slum clearance have become vacant, and have been re-let before the Council could take the necessary action for obtaining a Closing Order against the house. Persons from outside the district have therefore occupied these houses, and so aggravated the re-housing position of the Council's Slum Clearance Programme.

In certain cases, however, where the Council have received notification that a house was to become vacant, the owner or agent has agreed not to re-let the house in view of the fact that it was included in the Council's Slum Clearance Programme.

The work of demolition of individual unfit houses was continued, and 10 houses were subject to Demolition Orders and 4 to Closing Orders. In all cases the tenants were re-housed by the Council.

The following new houses were completed during the year :-

By Local Authority	62
By Private Enterprise	1

The following houses were dealt with under Section 11 of the Housing Act 1936, and Demolition Orders were made :-

5	Tan Yard
6	" "
7	" "
2	Snow Hill
4	" "
6	" "
1	South Street
1a	" "
3	" "

The following houses were dealt with under Section 11 of the Housing Act 1936, as amended by Section 10 of the Local Government (Miscellaneous Provisions) Act 1953, and Closing Orders were served in connection with the premises :-

4 Totty's Yard
8 " "
57 High Street
17 Church Hill

The initial survey of houses to be included in the Council's Slum Clearance Programme was carried out, and it was found that there were approximately 234 houses, comprising 27 Clearance Areas. It was agreed that the Slum Clearance Programme would be completed in a period of 10 years, and in order that the Programme could be completed in this period 150 houses would be dealt with in the first 5 years, and the remaining houses in the second five years.

COUNCIL HOUSES

The maintenance of Council houses was carried out partly by direct labour and partly by contract, the contract work being in connection with the external painting of houses.

During the year 1,021 'Job Cards' were returned by the direct labour department, and the Snow Hill Housing Scheme was painted by contract.

HOUSING LIST

At the end of the year the Council's Housing List contained the names of 121 persons in the following categories :-

Lodgers	46
Tenants in reasonable houses	35
Tenants in houses scheduled for Slum Clearance .	40

These figures are accurate as to the number of persons requiring re-housing in the district.

At the end of the year a circular letter was sent to all persons whose name appeared on the Housing List, asking whether they wished their name to be retained on the list. Where a reply was not received the name was removed from the Housing List.

HOUSING STATISTICS

1. Inspection of dwellinghouses during the year

(1)(a)	Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)...	642
(b)	Number of inspections made for the purpose ...	878
(2)(a)	Number of dwellinghouses (included under sub-heading (1) above), which were inspected and recorded under the Housing Consolidated Regulations	Nil
(b)	Number of inspections made for the purpose	Nil

- (3) Number of dwellinghouses needing further action :-
- (a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation 14
- (b) Number (excluding those in sub-heading (3)(a) above) found not to be in all respects reasonably fit for human habitation 628

2. Remedy of defects during the year without service of Formal Notices

- (a) Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers 616
- (b) Number of defective dwellinghouses (excluding those shown in (a) above) in which defects were remedied as a result of informal action ... Nil

3. Action under Statutory Powers during the Year

A. Proceedings under Sections 9, 10 and 16 Housing Act 1936

- (1) Number of dwellinghouses in respect of which formal notices were served requiring repairs Nil
- (2) Number of dwellinghouses which were rendered fit after service of formal notices :-
- (a) By owners Nil
- (b) By Local Authority in default of owners Nil

B. Proceedings under Public Health Acts

- (1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied 4
- (2) Number of dwellinghouses in which defects were remedied after service of formal notices :-
- (a) By owners Nil
- (b) By Local Authority in default of owners 4

C. Proceedings under Sections 11 & 13 of the Housing Act 1936

- (1) Number of representations etc. made in respect of dwellinghouses unfit for human habitation ... 14
- (2) Number of dwellinghouses in respect of which Demolition Orders were made 10
- (3) Number of dwellinghouses demolished in pursuance of Demolition Orders 10
- (4) Action under Sections 10 and 11 of the Local Government (Miscellaneous Provisions) Act 1953. Dwellinghouses closed during the year as unfit for human habitation 4

D. Proceedings under Section 12 of the Housing Act 1936

- | | | |
|-----|--|-----|
| (1) | Number of separate tenements or underground rooms in respect of which Closing Orders were made | Nil |
| (2) | Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit... .. | Nil |

VERMINOUS PREMISES

It was again found necessary to treat dwellinghouses with Hydrogen Cyanide Liquid Gas to remove vermin. In the majority of cases where vermin was found the house was semi-detached, and in these circumstances it was found necessary for the tenants of the adjoining house to vacate their premises whilst the fumigation was carried out.

In all cases where this occurred the fullest co-operation was received from the tenants of adjoining properties, and when the position was explained to them, they were willing to vacate their premises and find alternative accommodation for the period of treatment.

CONVERSION OF WASTE WATER CLOSETS

The quota of waste water closets to be converted to water closets was completed during the year, and it is pleasing to report that in all cases where owners have been approached in connection with these conversions, they have been willing to comply with the requirements, and have the necessary conversion carried out.

Conversions were carried out at the following premises :-

35 Station Road
37 " "
39 " "
18 New Street

SANITARY ACCOMMODATION

The following table shows the number and type of sanitary accommodation in the district :-

No. of privies with open middens or open ashpits	...	...	Nil
No. of privies with covered middens or covered ashpits	...	...	22
No. of pail or tub closets...	...	...	3
No. of trough water closets	...	...	Nil
No. of waste water closets	...	...	Nil
No. of pedestal water closets	...	...	<u>1270</u>
Total Number of Closets ..			<u>1295</u>

Percentage of closets on the water carriage system 98.07%

There are still 22 ashpits and 3 pail closets in the district, and it is regretted that owing to the contours of the land or the distance from the Council's sewers, it is not practicable to convert to the water carriage system of sewage disposal.

SEWAGE DISPOSAL

During the year further settlement was noticed on the dortmund and humus tanks at the Sewage Disposal Works, necessitating further repairs to the brickwork by the Council's direct labour scheme. An order was placed for the supply of 5 sluice valves as replacements for existing valves, and these will be fitted as soon as practicable.

The works received frequent visits from the River's Board Inspector, and samples of effluent were taken. It is pleasing to report that in no case was an adverse report received as a result of these visits.

During the year no problem of sludge disposal arose at the works due to the fact that the tenant farmer has undertaken to remove all sludge produced, and consequently the drying beds are emptied at frequent intervals and the sludge carted away by the farmer.

PUBLIC CLEANSING

The collection and disposal of refuse was carried out during the year at a total cost of £1,988. The weekly system of refuse collection was maintained except for one week during the year. In the early part of the year the labour position in connection with refuse collection was again difficult, but towards the end of the year the position became more stable and a regular team of workmen was employed. The rate of absenteeism among the workmen was reduced towards the end of the year.

Tipping throughout the year was carried out on the refuse tip in the Miner's Welfare Ground and tins, scrap metal and waste paper were again collected.

The amount of shale delivered with miner's home coal increased during the year, and it was found necessary to employ the vehicle and 2 men to cover the whole of the district on one day per week removing the shale deposited in the roadway from home coal, and the weekly collections of shale varied between 2 and 5 tons.

The following table shows the amounts received for all salvage materials during the year :-

	£.	s.	d.
Salvage tins	53.	6.	-.
Salvage Paper	61.	16.	-.
Salvage Scrap Metal	<u>77.</u>	<u>17.</u>	<u>7.</u>
	<u>£192.</u>	<u>19.</u>	<u>7.</u>

PUBLIC CONVENIENCES

Regular inspections were carried out at the various public conveniences in the district, and every effort was made to keep them in a clean and wholesome condition. The conveniences were again the subject of abuse by the public, and in one instance action was taken against 2 youths for causing damage to tiles by a firework. The case was proved at the Juvenile Court, and both defendants were fined.

This was the only case where action could be taken for damage, as in other cases, the persons responsible for the damage could not be apprehended.

RAG COLLECTORS

One collector of rags was observed accepting rags from a child under the age of 14 years. In this case action was taken under the Public Health Act 1936, and the defendant was fined £3. without costs. Consequently the cost to the Local Authority in bringing this action was greater than to the person committing the offence.

It would appear unfair that where a person is found guilty of committing an offence which injures public health, the Authority bringing the prosecution is penalised in this way.

RODENT CONTROL

The total number of properties inspected and treated during the year are shown on the following table :-

	<u>Local</u> <u>Authority</u>	<u>Dwelling-</u> <u>houses</u>	<u>Other</u> <u>Premises</u>	<u>Total</u>	<u>Agricul-</u> <u>tural</u>
As a result of					
(a) Notification	-	12	-	12	-
(b) Survey	5	58	15	78	16
(c) Otherwise	-	179	20	199	-
Total inspections carried out - including re- inspections	12	285	35	332	20
Numbers of Proper- ties treated by Local Authority	1	12	-	13	-

It was not found necessary to serve any Notices under the Prevention of Damage by Pests Act.

Regular inspections of the district were again carried out, and inspections were made at farms under the Threshing and Dismantling of Ricks Act, to ensure that all ricks were fenced during the threshing period.

COLLIERY SPOIL BANK

Water sprays and bulldozers were again used in an endeavour to restrict nuisance from the spoil bank at the Old Silkstone Colliery.

At various times during the year nuisance was caused, and a visit was paid to the Colliery Engineer. In all cases it was found that the reason for the nuisance was that the workmen employed in charge of the sprays had failed to remove the sprays to the points where they were required. The nuisance was abated immediately the Colliery Engineer had been notified.

MOVEABLE DWELLINGS

At the end of the year there were 4 moveable dwellings stationed in the district on the following sites :-

Lane Head Farm
1 High Street
Dodworth Station
Water Royd Farm

The dwelling at Dodworth station was used as a temporary accommodation by a Permanent Way Inspector of British Railways.

All sites were well maintained, and no nuisance or cause for complaint was found during the year.

MILK

There are 6 distributors of milk registered in the district, all are selling special designated milks. The following licences were granted under the Milk (Special Designation) Regulations 1949 :-

Pasteurised	5
Sterilised	2
Tuberculin Tested	4

ICE CREAM

Periodic inspections were carried out at the ice cream factory in the district, and all complaints, which were of a minor nature, made to the owner were remedied immediately.

There are 9 retailers of ice cream in the district, all selling wrapped ice cream.

MEAT INSPECTION

A 100% inspection of all meat slaughtered in the district was again possible as a result of the co-operation received from Mr. G.E. Millar, Sanitary Inspector to the Royston Urban District Council, who carried out all meat inspections during the period when I was absent on leave.

The individual private butchers in the district continued to use the slaughterhouse for the slaughter of animals for their businesses, and the remaining butchers' shops in the district received their meat from the public abattoir at Barnsley.

During the year it was found necessary to condemn the carcass and all organs of 3 animals slaughtered as they were affected by generalised tuberculosis.

The following table shows the number of animals slaughtered and the parts condemned as unfit for human consumption :-

<u>Animals Slaughtered</u>	Cattle	62
	Sheep	22
	Pigs	1

The following parts were surrendered as unfit for human consumption:-

17 heads and tongues	Tuberculosis
1 head and tongue	Actinomycosis
17 pairs of lungs	Tuberculosis
1 sheep liver	Parasitic
11 livers	Cirrhosis
4 livers	Angiomata
2 livers	Abscesses
1 liver	Tuberculosis
3 livers	Parasitic
2 intestines	Tuberculosis
1 kidney	Nephritis

I am pleased to report that in all cases where meat has been declared unfit for human consumption, the butchers concerned offered no objections to its surrender.

FACTORIES

There were no Statutory Notices served under the Factories Act during the year, and inspections made are given on the table below :-

	<u>Number on</u> <u>Register</u>	<u>Inspec-</u> <u>tions</u>	<u>Written</u> <u>Notices</u>	<u>Occupiers</u> <u>Prosecuted</u>
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	-	-	-	-
Factories not included in (i) above in which Section 7 is enforced by the Local Authority	5	40	-	-
Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	-	-	-	-
Total	5	40	-	-

WATER SUPPLY

All water used in the district with the exception of one house, was supplied by the Barnsley Corporation Waterworks Department. Samples were obtained by that Department at various times during the year and no adverse comments were received.

MORTUARY

The cleansing of the mortuary was again carried out by direct labour, and no structural works of repair were required. There were no adverse reports from the Coroner or his Officers.

SANITARY INSPECTION OF THE DISTRICT

The following table gives particulars of inspections carried out during the year :-

Water Supply	1
Drainage	71
Sewage Disposal	5
Waste Water Closet Conversions	5
Factories	40
Public Conveniences	71
Refuse Collection	80
Refuse Disposal	26
Rats and Mice	39
Spoil Bank	4
Petrol Installations	4

Survey for Slum Clearance	282
Miscellaneous Sanitary Visits	3
Interviews	114
Surveyor Miscellaneous	327
Cemetery Miscellaneous	47
Houses inspected under the Public Health Act	179
Visits paid to above houses	229
Houses inspected under the Housing Act	15
Mining Subsidence	49
Visits paid to above houses	26
Visits paid in connection with Housing List	70
Council House repairs	623
No. of houses inspected (filthy or verminous premises)	11
Enquiries in connection with any infectious diseases	6
Visits to slaughterhouses	85
Visits to Butchers' shops	51
Visits to dairies and milk producers	8
Visits to grocers	39
Visits to Ice-cream premises	40
Miscellaneous food visits	1

I am Gentlemen,
Your obedient servant,

W. MURRAY

Sanitary Inspector.

